

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 15, 2011
Secretary of State

DOCUMENT# 710148

Entity Name: THE CENTER FOR INDEPENDENCE, INC.**Current Principal Place of Business:**13910 FIVAY ROAD
SUITE 8
HUDSON, FL 34667**New Principal Place of Business:****Current Mailing Address:**13910 FIVAY ROAD
SUITE 8
HUDSON, FL 34667**New Mailing Address:****FEI Number:** 59-1492617**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAURINO, EMILE
13910 FIVAY ROAD
SUITE 8
HUDSON, FL 34667 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: LAURINO, EMILE
Address: 13910 FIVAY ROAD, SUITE 8
City-St-Zip: HUDSON, FL 34667

Title: CFO
Name: TERRILL, JUDY
Address: 13910 FIVAY ROAD, SUITE 8
City-St-Zip: HUDSON, FL 34667

Title: D
Name: BOWES, JUDY
Address: 7801 RADCLIFFE CIRCLE
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: MEMOLI, ROBERT
Address: 1248 SEVEN SPRINGS BLVD
City-St-Zip: TRINITY, FL 34655

Title: D
Name: TROY, GORDON
Address: 5828 CORKWOOD COURT
City-St-Zip: HOLIDAY, FL 34690

Title: BD-P
Name: ROE, GREG
Address: 13910 FIVAY RD, STE 8
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUDY TERRILL

CFO

08/15/2011

Electronic Signature of Signing Officer or Director

Date